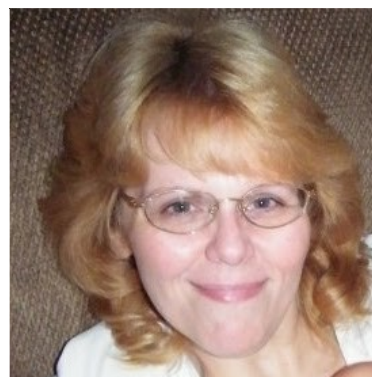


# Doug's History with Mindy

12 Feb 2016

Mr. Blackledge, I called the base attorney about the info Doug shared with me and they said it was cleared for me to share the information.



The legal dept said that an attorney called asking about a will... they never made one for Doug. I wanted the name to be sure it was Doug's attorney who called.

We never spoke about a will directly but he always said all his financial plans were in order. He had a good stock portfolio that had to have a beneficiary listed I would think. Also the bank and the air force would have had beneficiary info. I can't believe he would have no will. He was so financially savvy.

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8 Apr 2016 [from Brenda to me]

Dear Mr. Blackledge,

Let me first say I am so very sorry for the loss of your son. From what I have read about him on your website, and know of him thru friends, he was well loved and celebrated by many. I believe you can live out your days being proud of him and I hope you do so.

So, who am I? I am the fiancée of Ken, and Ken is Suzanne's ex. Ken and Suzanne lived together for 10 years. They had a long and serious relationship whereby she got his name tattooed on her arm. Ken had to end the relationship due to her behavior and actions.

We were, however, kept abreast of Doug's marriage to her, thru mutual friends, his selling and buying of their home, and the restraining order she filed upon him. It was at that point Ken wanted to reach out to Doug to discuss Suzanne's strange and dangerous behavior. He was unfortunately too late, and I am sorry for that.

So it was upon his death that Ken contacted the detectives in charge of investigating the circumstances surrounding his death, and after several attempts and no response, he gave up. So here I am to tell you that Ken too, served our Country, he is a good man, but he came out of that 10 year relationship with Suzanne, with PTSD and addicted to sleeping pills. She called in prescriptions and pretended to be a doctor to get pills for Ken, this is one amongst many questionable actions from her.

There may have been many reasons for Doug to leave this earth, I am just hoping it was of God's doing, but at the same time I do not believe that a soldier of his nature, or any soldier for that matter, should have died alone. I wish we would have contacted him much earlier.

Please feel free to contact me if you need to.

Take care of you and yours,  
Sincerely,  
Brenda

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9 Apr 2016

Mike,

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Wow! I think Ken needs to reach out to the detective I called and leave the detective a detailed message about the need for the return call. I had to give my name, phone number and that I wanted to speak to him about an open investigation of a death/possible crime. Then he returned my call.

Just so you know, Doug talked about Ken often. He held no ill feelings towards Ken and actually believed Ken was in the same marital situation as him. Doug felt bad for Ken.

If you share the above info with this lady, please don't share my info. I am assuming she found your email on the website. I did know about the sleeping pill addiction, both Ken and Suzanne had, she shared that shocking news with Doug after they married. She was never my client, Doug was, so I can say that without issue. However, again would like it stay between us as it could be deemed as slander...although she personally divulged the info to me. I never heard the part about her getting Ken pills before this....again something the detective would need to hear, especially given that I said something similar to him about my fear of her getting meds into Doug somehow.

Since Suzanne is the next of kin in this case I need to be careful about what is shared. However, because Doug told me that if he died the authorities should "look at her" I have some leeway. Additionally since Doug brought you to a session and told me I could share "anything" with you and Bonnie, I'm covered to a degree.

Here are the rules....

Disclosure of medical information postmortem for research and educational purposes is appropriate as long as confidentiality is maintained to the greatest possible degree by removing any individual identifiers. Otherwise, in determining whether to disclose identified information after the death of a patient, physicians should consider the following factors:

- (1) The imminence of harm to identifiable individuals or the public health
- (2) The potential benefit to at-risk individuals or the public health (eg, if a communicable or inherited disease is preventable or treatable)
- (3) Any statement or directive made by the patient regarding postmortem disclosure
- (4) The impact disclosure may have on the reputation of the deceased patient
- (5) Personal gain for the physician that may unduly influence professional obligations of confidentiality

When a family member or other decision maker has given consent to an autopsy, physicians may disclose the results of the autopsy to the individual(s) that granted consent to the procedure. (IV)

Please let me know if I can assist. It's all disturbing, including that I have a text where she said the same thing about Doug texting her almost every day....so how was he missing for 2

plus weeks with no contact. I think the cops should get his text records and read them. They would have better insight into her verbally aggressive nature. Additionally if it were true he wrote her everyday or every 2 days and just stopped, and she didn't call or text...and had keys to the house, it would raise the suspicion.

I'm so sorry you are going through this unrest about Doug. He would have hated it! He loved and respected you so much. I'm so glad you were there for him through the last years of his whirlwind life.

Please don't let yourself get hung up on not speaking to him while he was drinking. You set a good boundary. Its difficult to have a relationship with an alcoholic. You did exactly what I would have advised you to do if you were in therapy with me. You didn't say I never want to speak to you again....you said don't call me late at night drunk. Perfectly appropriate and a good wake up call for Doug.

Take care,

Mindy

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3 Oct 2016

Mike,

It's so funny... I was just reading through my emails last week, as I was deleting some, and saw the string of emails between us. It made me wonder how things are going and I'd even thought about checking in with you....And here you are reading my mind and sending me an update. I think the memorial fund is awesome! It's wonderful to think that other people will have a chance to enjoy fond memories of Doug, in a way that may possibly be life changing.

I reviewed my data per your request, and confirmed that Doug's initial evaluation with me was on May 21, 2012. His last formal appointment with me was March 23, 2015. At that point I was talking to him about going back to residential treatment. He was having a difficult time with issues in the relationship and he didn't have much local support. He continued to text me after that time. He would periodically give me a call just to let me know how things were going. The last time I spoke to him was in December 2015. That's the time I told you about the two of us speaking while I was making cookies and him telling me about the cabin he was purchasing and all the other things that we're going on in his life and how happy he was about the changes. I was thrilled for him. He also recognized that he needed to go back to AA... Which he planned on doing when he got to Colorado. He was so excited about a fresh start!

I would like to say that over the course of treatment, he was doing very well. He completed after care and had been sober at that point over a year.

He was just not good with relationships. Too much stress... Which does not mix well with a person with a big heart. It still saddens me to think that we lost him. At the same time I know he's not suffering anymore. He's not being consumed by the alcoholic monster that raged inside of him at times. As usual with Doug... The good in him continues to live on through you and others who remember him well.

Thank you for sharing this information with me. I'm sure it gives you comfort as well as reminds us all that good things can come out of unhappy endings.

Mindy

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4 Jan 2017

Thank you so much for the lovely note and Calendar. I can't tell you how much I appreciated the kindness of your letter.

I thought it might be nice to share some things about Doug with you, just in case you wanted to put any stories into the book you are writing.

I met Doug the first time on 14 May 2012, when he had ticked off his command and left a hospital against medical advice. He "was mad at the staff for taking so long to bring him some water or juice or something!!" So he left the hospital. He was there because he fell and hit his head and the ER was the place to go. His command had sensed long before this fall that Doug was drinking too much, but they were loath to confront him. On this particular day in May of 2012 he was on their radar. The base was having a training day...which means no real work, just completing training as required by your duty title. Consequently, our office was "closed" of sorts. We were in the building but not seeing patients. It was Friday, so I was on call. The command called our command and asked that someone see Doug. I agreed to see him; however they could not find him so it was unclear if they would make it to the clinic before we all went home.

As luck would have it they found Doug at home, in his recliner, sleeping. He was NOT happy that the commander and the shirt were going to escort him over to Mental Health for a substance abuse check in to ensure he was fine to be on his own. When they arrived at the clinic it was already close to 4 pm and we close at 430. I agreed to see him as I was on call and I was the ADAPT Program Manager. (Alcohol And Drug Abuse Prevention and Treatment-ADAPT). Needless to say Doug was less than thrilled to see me. He informed me almost immediately that ADAPT had ruined his life while he was stationed in Germany. The story he told me was far past ridiculous and

as a result I informed him that our job at ADAPT was not to judge him or lay down punitive action, but rather to help him examine his relationship with alcohol and decide what he wanted that relationship to look like. He told me that he did not believe me and that he did not trust me. He had obviously been drinking heavily over the last few months as he was shaking, sweating, trembling and his thought process was seriously slowed. I took his vitals and his blood pressure was elevated and he was having arrhythmia. I let him see the results on the machine; he was not impressed. :) He denied drinking anything in the last 48 hours therefore he was not a candidate for a detox facility. By that time I had a copy of the hospital records and there was no evidence of alcohol in his system for over 48 hours, (which the blood work measures), therefore he was not going to a detox facility. We made a plan of action for the next few days- it was the upcoming weekend and there was real concern by his command that he would drink too much and injure himself again. He was convinced that the reason the command was paying so much unwanted attention to him was because he was a Lt. Col. I informed him that in my office he was just plain Doug and that his rank was nothing because an alcohol abuser is an alcohol abuser, no matter what title they have at work. He told me he liked my tenacity and agreed to the safety plan to get people to "leave him the hell alone."

The next few months were rough. Doug was able to maintain his sobriety and he built a trust with me. I think he started to trust me because I called Germany and spoke to the ADAPT PM and learned that the ridiculous information Doug had given me about the way the program worked, was true. Per my opinion, the program failed him in Germany. The program manager admitted that they were ill equipped to meet Doug's needs. While Doug was in the program in Germany he relapsed twice. Both times he was hospitalized for injuries- slip and falls and head trauma. As a result he went to the clinic seeking Antabuse and the team refused to discuss or give him any until a treatment team could be scheduled, which took over two weeks. Doug knew he could not remain sober on his own, so he thought the Antabuse would help him stop drinking, and he asked several people in the program to help him get it. By the time the treatment team was scheduled, Doug had been drinking daily. Consequently on the day of the Treatment team Doug showed up drunk. The program manager was angry about Doug showing up drunk and they failed him from the ADAPT program, which typically means the member is discharged from the military. This is NOT the way the program should operate ... he should have been given the Antabuse as soon as possible to help him obtain and maintain sobriety, then the program and treatment may have been successful for him. Because of the course of action, he was restricted from flying, he was set into a path for discharge and he had to fight and appeal to avoid being discharged.

[honorably] from the military. Additionally, he had been drinking and driving on base; therefore Doug lost his license and could not drive anything other than a bicycle on base. The loss of his driving privileges on base was both humiliating and embarrassing. Can you imagine a Lt. Col riding his bike onto base and checking in at the guard shack? Additionally it was snowing!!! Many times he recounted a scene that made him feel so embarrassed wherein he was coming on base, in the snow, on a bike and it was difficult to steer due to the weather. The guard shack security forces member was making fun of him, in Doug's opinion. He stated that as he rode away he could hear them laughing. So the whole scene did nothing but give him reason to drink more vodka. Eventually he obtained an attorney and paid out of his own pocket for residential treatment to gain "real treatment" at the NAS Jacksonville base in Florida. To his benefit, Doug really wanted to give up drinking, get his pilot privileges back and remain an active duty member who was of benefit to the military.

After he completed the program in Jacksonville and filed his appeal, his ADAPT failure was overturned due to the negligence of the program, Doug was released to return to duty obligations. The next big mistake was Doug's. He was assigned to Florida after he left Germany and he arrived thinking he would make a fresh start, which included two very unhealthy things... his girlfriend from Germany and the belief that no one knew him so he could return to drinking and manage moderation. He had learned about moderation while he was in the residential program and he believed that the almost two years of sobriety would be good enough for him to manage moderation of alcohol use. During the two weeks prior to the fall and head injury that landed Doug in the ER, he broke up with his girlfriend from Germany who had come to visit him in Florida in preparation of moving in with him and he allowed himself to return to drinking vodka. He was already "enjoying a few beers while he sat in his back yard watching the sunset - just being a normal person" which made it easy to relapse to vodka. Beer was never his drink of choice; therefore for the most part he could set a limit with beer and keep it. He didn't realize that his previous almost two years of sobriety, wouldn't last long once he returned to moderation. His tolerance quickly returned, and since he was alone with no local support to talk to about the situation, he plummeted. With no therapist to help him manage his thinking and alcohol use and his personal choice to avoid AA, he began to relapse. The body never forgets alcohol dependence, so his tolerance and his desire for vodka quickly returned to the level it was in Germany. Slowly but surely he was drinking vodka daily and showing up to work smelling of alcohol at times. The command did not know Doug's history so they started dropping hints to him about the dangers of alcohol use. They even scheduled a unit wide training on alcohol use to help Doug not feel targeted. By then he was already drinking too



much to stop on his own. The last straw was an argument with his ex-girlfriend from Germany, which occurred the night he hit his head. Doug indicated that he started mixing vodka, wine and beer and became too drunk to walk straight. He hit his head in the bathroom and sustained a nasty gash on his forehead near the temple that forced him to go to the ER. When he called his command to let them know he needed to go to the hospital they assumed he was drinking. Doug confirmed to the commander that he was drinking too much, therefore the command was going to either refer him for treatment or let him make a self referral. Doug agreed to seek a self-referred ADAPT evaluation after he left the hospital, then he left AMA that day, which brought about all kinds of unwanted attention for him.

After Doug started treatment, he quickly realized that group therapy and individual therapy for substance abuse are two very different treatment modalities. Because I called Germany and learned all the information about his past and passed on the message from the program manager ---an apology--- to Doug for not trying to help him more effectively, Doug was open to trusting me and willing to work toward sobriety. Our first two months were hard but he did the work. I saw him twice a week for a while, to help him resume abstinence. He completed drug screens to show compliance with sobriety. More importantly he started recognizing how dangerous negative thinking can be in regard to relapse triggers. Despite that, he remained sober for the required 3 months then moved into aftercare. AT that point he was permitted to resume alcohol use, but he did not. He recognized how much better he felt, as well as how much clearer he was thinking. Consequently he had 9 months of sobriety when he decided to start dating again and explore moderation of alcohol again.

Like most alcoholics Doug wanted to believe he was normal. He did not want to explain to a date who was having a glass of wine, why he was not drinking. He agreed to set a limit of no more than 2 drinks be it wine or beer. He agreed not to drink mixed drinks, hard liquor or vodka. He managed to maintain the 2 drink limit for a couple of months. Then he met Mary. Mary.... who was a psychologist and clearly had a problem with anxiety and clearly wanted to control everything in her life. Doug brought her to one of sessions and I encouraged him to examine the relationship and learn to stay clear of triggers in his alcohol use. I warned him that all therapists were not healthy just because they were therapists. He learned the hard way that she was NOT healthy, and the results were devastating. Many times we discussed the trigger of relationship stress, but Doug just wanted to be loved. He wanted a woman to find him irresistible. Mary also had some personality traits that were similar to Suzanne's. Doug was not good at recognizing manipulating women. Mary created a world of havoc and hurt for Doug. She called his command and lied about him stalking

her. She told him she loved him unconditionally, and then told him he was too clingy, childish, ADHD and a drug addict. All of the rejection he had pent up inside of him turned into a flaming anger that resulted in his first serious relapse since he had started treatment. I helped him evaluate the parts of the situation that triggered him, and we worked on building coping methods for the relapse. Relapse is part of recovery, but only in that you have to learn from the fall. He never really got over Mary. She was a love unlike any he had ever experienced. Consequently, Doug continued to fall into alcohol abuse because he felt lonely and worried he would never find a woman to have a "happy home with that included the white picket fence." I started talking to him about resuming abstinence, taking Antabuse or Vivatrol to curb the craving for vodka. He agreed, however Tricare would not cover the medication. By that time he met Suzanne and the rest is history.

I will send you a few more emails if you like. The others will be a bit more playful, like Doug. He was a great joker. He was a wonderful man. Despite the relapses he had in regard to alcohol, I respect him. He tried so hard to just have a normal life. I am glad he is no longer a slave to the addiction.

I hope this doesn't make you too upset. I am hoping that some of this will help you make sense of the life he had and find some peace with the situation.

Happy New Year,

Mindy

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Martha M. Phelps, LCSW

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10 Feb 2017, 10:57 pm MT Subj: Watch "The Lumineers - Ho Hey (Official Video)" on YouTube

*[Mindy sends YouTube.com URL for the music video: The Lumineers - **Ho Hey** (official video)]*

One of Doug's favorite songs. :)

11 Feb 2017: [Thanks, Mindy!](#)



I had not seen/heard of this before - did Doug indicate why it was one of his favorites, e.g., the group, or the words, or the video itself?

I considered Doug a talented guitar player, but I don't know if he ever played after high school. I have a couple of snippets of videos of his playing a bit with his 'garage band' started by his close friend Joe Anderson.

Thanks again,  
- Mike

Mike,

It's interesting that you ask that question. We spent a whole session talking about it. :) Doug liked the song because the words were so hopeful. When he was finally sober enough to begin dating we talked a good bit about choosing someone to fit his life rather than settling for someone who would meet the goals he had for a family and being a father. By that time, Doug was getting worried about getting too old to be a good father. When this song came out, I heard it on the radio and thought it was a fun song, so I was familiar with it. One day Doug came to my session and he was whistling the tune. I asked him if he had heard it on the way to the base and he said yes. He told me he really liked it --"it was his favorite song," because it gave him energy and hope for a family. He said the song was made for him ... in that moment in time.

The verses... starting out with... *I've been trying to do it right...* getting sober, becoming a person "worth loving" and finding a person to "share my life with and have a family". The song talks about *Sleeping alone...* wanting a family. *The blood that I would bleed...* which he termed as the work involved in a relationship. Doug was a very easy going soul with deep seated emotional responses to life---even when he was sober. He would become tearful talking about being a Dad and having a family.

Lyrics---

(Ho!) I've been trying to do it right  
(Hey!) I've been living a lonely life  
(Ho!) I've been sleeping here instead  
(Hey!) I've been sleeping in my bed,  
(Ho!) Sleeping in my bed  
(Hey!)

(Ho!)

(Ho!) So show me family

(Hey!) All the blood that I would bleed  
(Ho!) I don't know where I belong  
(Hey!) I don't know where I went wrong  
(Ho!) But I can write a song  
(Hey!)

I belong with you, you belong with me, you're my sweetheart  
I belong with you, you belong with me, you're my sweet

Family meant a lot to Doug. He respected you. We talked a good deal about his mother and her own drinking problem. Doug indicated that he really did not realize how much his mother drank until after she died. He said he knew she was drinking because many times she would drink and sleep in the living room in a chair. Doug said his mother was not angry or hard to get along with...he felt she was depressed and shut down from the world. He knew you put up with a lot. He knew you held the house together and made sure he was given the opportunities to grow into the man he wanted to be. He was often ashamed that he let you down and that he followed the path of his mother. I can't tell you enough how much he felt you and Bonnie were the only people on the earth that truly loved him. He wanted to be a father ...like you and have a wife who would be a mother to his children in a happy home with a dog and fun and laughter. He dreamed of it often. Unfortunately, he was drawn to women who were "larger than life" which resulted in his attraction to women with personality problems. I challenged him many times on the choice of this behavior. I discussed his attraction as a way of ensuring that he was getting a life partner who was imperfect, like him. He was too impulsive and lonely to wait. After many women who were mistakes in the dating scene he finally accepted my request of him to "go to the buffet". I wanted him to just date, do not fall in love, try to find a woman who will suit your life rather than fill a vacancy. Unfortunately, he was seriously hurting over losing Mary. After that relationship ended he was worried about finding someone to take her place. Along came Suzanne. She seemed understanding. She liked to treat him like a king---at least when they first started dating. I was concerned about the relationship due to the problems with boundaries and controlling issues. She scared him because she was becoming part of his life too quickly, yet his biological clock was ticking and he wanted to be a dad. While they were first dating, he was trying to set boundaries, but he would come home and find that she had cleaned his house while he was at work and made him dinner and then she went to work for the night. He thought she was just so sweet. He was still attached to Mary though. The song ... *I belong to you... you belong to me... you're my sweetheart...* was initially attached to her. He really thought they would have a family and live happily ever after. When the relationship ended, he still loved the song;

however, he would talk about the song as a hope for his future with the "one" who make a family with him.

I know this was a long explanation, but I don't think the answer would make sense without more details.

I hope you and your sweetheart have a lovely Valentine's Day.

Mindy

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Martha M. Phelps, LCSW

### Therapeutic Health Endeavors

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Mike,

I know this sounds kind of heavy... But at the time it was really quite funny. There's nothing quite like seeing a big strapping pilot, like Doug, walking into the office and singing *"I belong to you, you belong to me, you're my sweetheart."* ;) It did, of course, get more serious as he explained how he viewed the song. Never-the-less the main reason he liked the song was because it was playful. I don't know if you listened to it but it has quite a cute beat to it.

I would like to ask a favor please... When you publish this book with information about Doug's relationship with me can you please include that he signed an authorization for you to be given all information about his treatment. Additionally can you add that I spoke with our Base legal department before sharing information with you. I am concerned about any of Doug's previous friends who are still active duty feeling that they cannot go to mental health without their information being shared. :)

As for the humor... Doug had many funny encounters. He talked a lot about going for walks with his dog and the dog be hard to handle sometimes on a leash. I'm sure you already know that Doug enjoy gardening. He spent a good deal of time on his lawn. I remember once he came home from a TDY to discover he had a water bill that was over \$500. Needless to say he was not thrilled. He later learned that his sprinkler head was not working and therefore it was running water the whole time he was gone. He went down to the water department and talk to some woman who he schmoozed into allowing him to cut the bill in half. He definitely had a way with people when he was being his Charming self.

Doug had a weird sense of humor that got him into trouble sometimes. He totally believed he was being funny... But other people sometimes did not. He told me about several pranks that he played while on missions or just at the office. He had a wicked laugh that was just contagious. Even though our sessions were quite involved and at times heavy he often tried to do something to lighten the load and laugh. I will try to send you a few humorous things as I go through the notes.

Have a great night,

Mindy

